

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10-036 219	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		3				
6		①				
7	1					
8	1					
9	2					
10	①					
11	①					
12	1					
13	1					
14	1					
15	3					
16	3					
17	3					
18	①					
19		1				
20		1				
21	2					
22	①					
23	①					
24						
25	1					
26	1					
27	3					
28	3					
29	⑤					
30	①					
31	①					
32	①					
33	①					
34	④					
35	①					
36	1	1				
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1	1				
48	1					
49	1					
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
IND.	DEP.	IND.	DEP.
51	1		
52	1		
53	1		
54	1		
55	1		
56	1		
57	1		
58	1		
59	1		
60	1		
61	1		
62	1		
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94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	4	4	
TOTAL DEP.	27	27	
TOTAL CLAIMS	31	31	

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